

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
36996

1. PLACE OF DEATH
 96 County Saint Louis Registration District No. 789
 Township Central Primary Registration District No. 60.336B
 City St. Louis (No. 6153 Bethel Avenue) St. 11 Ward 11

2. FULL NAME Kitty Davidson
 (a) Residence, No. 6153 Bethel Avenue Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred Unknown ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter C. Davidson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>54</u>	<u>10</u>	<u>10</u>	<u>9</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkinsville, Kentucky

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky

17. INFORMANT (ADDRESS) Walter C. Davidson, 6153 Bethel Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec 2nd, 1932

19. UNDERTAKER (ADDRESS) Charles J. Pate, 4167 Lorraine Avenue

20. FILED 11/29 19 32 Wells Gray, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1932

I HEREBY CERTIFY That I attended deceased from 1 1/2 to 1 1/2 hours Nov. 28, 1932
 I last saw her alive on about Nov. 23, 1932 Death is said to have occurred on the date stated above, at 3.9 p.m.
 The principal cause of death and related causes of importance were as follows:

Abdominal heart trouble.
Mitral stenosis.
60 R
1

Other contributory causes of importance:
Toxic gastritis (6 x ophthal mos)

Name of operation _____ Date of _____
 What test confirmed diagnosis Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. P. Breeden, M. D.
 (Address) 2900 Market

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 5 1933

MARGIN RESERVED FOR BINDING V. S. NO. 2.

